

## GENERAL RELIEF OPPORTUNITIES FOR WORK VERIFICATION OF EMPLOYMENT REQUEST

PARTICIPANT: _____ CASE NAME _____ CASE NUMBER: _____ ADDRESS: _____ _____ ZIP _____ PHONE: _____	GROW SITE: _____ ADDRESS: _____ _____ ZIP: _____ PHONE: _____ FAX: _____ CASE MANAGER: _____ GROW FILE NUMBER: _____
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**Regulations require that you provide proof of your current employment. If possible, please obtain a letter from your employer on company's letterhead indicating:**

1. Date you became employed
2. Number of hours you work each week
3. Hourly wage
4. How long the employment is expected to last
5. Your job title
6. Name, address and telephone of the person providing the information

If you are unable to obtain a letter from your current employer, your employer may complete the bottom of this form. You may mail or return this form to the address listed above.

You must return proof of this letter to me by \_\_\_\_\_. Failure to provide this information will put you in **noncompliance status** and you may receive a financial penalty.

GROW might help you pay for transportation until you receive your first paycheck. In addition, if you are employed, you may request Post Employment Services. Ask your GROW Case Manager for information. If you have any questions, call the number listed above.

**I authorize the release of the information requested below to Los Angeles County, DPSS.**

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF EMPLOYEE:		JOB TITLE:	
FIRST DAY OF EMPLOYMENT:		WEEKLY HOURS	
<b>SALARY</b>			
HOURLY:	WEEKLY:	MONTHLY:	
EMPLOYER NAME:		INDUSTRY:	
ADDRESS:		CITY:	ZIP:
IS EMPLOYMENT: PERMANENT [ ] TEMPORARY [ ] FULL-TIME [ ] PART-TIME [ ]			
IF TEMPORARY: WHEN IS IT EXPECTED TO END?			
NAME OF PERSON COMPLETING THIS FORM:			
JOB TITLE:		TELEPHONE NUMBER: (    )	
SIGNATURE:		DATE:	

